₹ <sup>‡</sup>

## REPORT OF RECEIPTS AND DISBURSEMENTS

For an Authorized Committee (Summary Page) TS PATCHETT FEDERAL ELECTION COMMISSION MAIL ROOM

C00236513 ARNOLD LINHARDT ENGEL FOR CONGRESS 462 CA\)FORNIA RD. BRONXVILLE, NY 10708	XXXXX	XXXXXX	3. 18	2002365	13 REPOR	ATION NUMBER	
4. TYPE OF REPORT							
☐ April 15 Quarterly Report ☐ Twelfth day report preceding							
☐ July 15 Quarterly Report election on in the State of							
☐ October 15 Quarterly Report ☐ Thirtieth day report following the General Election on							
☑ January 31 Year End Reportin the State of							
☐ July 31 Mid-Year Report ☐ Termination Report							
activity for 🗵 Primary Election 🖾 General Election 🔲 Special Election 🔲 Runoff Election							
SUMMARY							
5. Covering Perior07-01-97 three	ough 12-	31-97		UMN A Period		COLUMN B endar Year-to-Da	te
6. Net Contributions (other than loans)							1
(a) Total Contributions (from Line 11(e))				5,675.DC	}	\$163,833.12	
(b) Total Contribution Refunds (from Line 20(d))							]
(c) Net Contributions (Line 6(b) from Line 6(a))				5,675.00	)	\$163,833.12	1
<ul><li>7. Net Operating Expenditures</li><li>(a) Total Operating Expenditures (from Line 17)</li></ul>				9,7 <b>12.</b> 50	-	\$81,564.75	
(b) Total Offsets to Operating Expenditures (from 14)					İ	\$360.00	_
(c) Net Operating Expenditures (Line 7(a) - Line 7(b) \$39,712.50					•	\$81,204.75	]
8. Cash on Hand at Close of Reporting Period (Line 27\$108,209.55					5 Fe	deral Election Commiss	ion
Debts and Obligations Owed TO the Committee					99	9 E Street, NW	
10. Debts and Obligations Owed BY the Committee \$12,500.00						ashington, DC 20	
I certify that I have examined this report and it is correct and complete. Toll Free 800-424-9530							
Type or Print Name of Treasurer DEBBY LINHARDT							
Signature of Treasurer  Signature of Treasurer  NOTE: Submission of false, erroneous, or incomplete information may						Date  1/29/98  subject signer to penaltic	
NOTE: Submission of false, erro	oneous, or	incomple	ne inion	HAUDII II	iay sul	FEC FOR	 М З
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